



Office for International Programs
Loyola University Chicago
Sullivan Center 206
6525 North Sheridan Road
Chicago, Illinois 60626

Phone: **773.508.2760**
or **800.344.ROMA**
Fax: **773.508.8797**
E-mail: **rome@luc.edu**
Web: **LUC.edu/rome**

STUDY IN ITALY AT THE JOHN FELICE ROME CENTER

APPLICATION FOR ADMISSION

Application for:

- Full Year: August to April _____ (year)
 Fall Semester: August to December _____ (year)
 Spring Semester: January to April _____ (year)

PASSPORT

Passport Number: Issuing Country: _____ Expiration Date: _____

Please enclose a photocopy of the data page of your passport with this application form. No decision will be made about admission to the John Felice Rome Center without proof of this document.

1. Name [exactly as on passport]:

First Middle Last

2. Social Security Number: _____

3. Birthdate: _____

4. Citizenship: _____

If you hold dual citizenship between the USA and another nation, please specify both countries of citizenship.

5. Single Married

6. Male Female

7. Permanent Address: Family or home address.

8. Current Information: During the academic year if different from permanent address.

Address Apt. or Box #

Address Apt. or Box #

City/State/Zip

City/State/Zip

() _____
Home Phone

() _____
Cell Phone

9. E-mail: _____

10. Emergency Contact Information:

Name: _____

Phone: () _____

Cell: () _____

E-mail: _____

11. Religion (Optional): _____

12. List in reverse order all colleges and universities attended, beginning with the institution in which you are currently enrolled:

a) _____ Date last attended: _____

b) _____ Date last attended: _____

c) _____ Date last attended: _____

13. Cumulative G.P.A.: _____

14. Class standing upon entering Loyola University Chicago's John Felice Rome Center:

- Senior Junior Sophomore Special

15. Major: _____

16. Please indicate all Italian courses completed at the college level:

- Italian I Italian II Italian III Italian IV Italian Composition and Conversation I
 Italian Composition and Conversation II Other None Native Speaker

17. Are you a Loyola University Chicago faculty or staff dependent? If yes, indicate faculty or staff name.

18. Have any family members previously attended the John Felice Rome Center? If yes, please indicate the name, relationship and year of attendance.

19. How did you become interested in the John Felice Rome Center?

- Former Student Foreign Study Advisor Brochure Internet Friend Rome Center Representative
 Poster Other

The information I have provided above is true and complete.

Signature: _____ Date: _____

Please refer to Application Checklist before submitting application materials.

